



DATE _____
STAFF _____

CUSTOMER PROFILE

P L E A S E P R I N T C L E A R L Y

INFORMATION ABOUT YOU

Last name _____
First name _____
Middle name _____
SSN _____ - _____ - _____
Date of birth ____/____/____ Gender F ____ M ____
Marital Status: Single ____ Married ____ Other ____
Street Address _____
City, State, ZIP _____
County _____
Telephone (____) ____ - ____
Cell (____) ____ - ____
Email _____

Are you a U.S. citizen? Yes ____ No ____

If not U.S. citizen: Nationality _____

Date of arrival in U.S.: ____/____/____

Alien # _____

What documents do you have to show your eligibility to work in this country? (Please circle the one that applies)

U.S. birth certificate Permanent Resident Card (I-151) Unexpired I-94

U.S. Passport Unexpired I-688 A or B N-550 or N-570

Government Issued Photo ID & Social Security Card

EMPLOYER INFORMATION

Current or Last Employer _____

City and State or Country _____

Telephone (____) ____ - ____

Job Title _____

Duties _____

Wage / Salary \$ _____ per _____

Hours per week _____

Benefits Yes ____ No ____

Start Date ____/____/____

End Date ____/____/____

Reason the job ended laid off ____
other _____

GENERAL INFORMATION

Completed high school or GED? Yes ____ No ____

If No, indicate last grade completed ____

College degree earned? Degree ____ Major ____

Name of College _____

City, State / Country _____

College course(s) taken? Course(s) _____

Name of College _____

City, State / Country _____

Have you had any formal and/or vocational training? Yes ____ No ____

If Yes, what training? _____

Family Size (including number of dependents living at home): _____

Do you have children? Yes ____ No ____

Do you have dependable child care? Yes ____ No ____

Do you have a current driver's license? Yes ____ No ____

Do you have a car? Yes ____ No ____

Do you know how to use public transportation? Yes ____ No ____

Are you collecting unemployment insurance? Yes ____ No ____

Are you unemployed and actively seeking employment? Yes ____ No ____

Are you working and looking for a better job? Yes ____ No ____

Are you or family members receiving government assistance? Yes ____ No ____

If Yes, please circle the service(s) TANF FS GR other ____
Your caseworker is _____

Is your housing situation stable? Yes ____ No ____

Do you have healthcare needs? Yes ____ No ____

Are there documented disabilities requiring accommodation? Yes ____ No ____

Are you registered with the Selective Service? Yes ____ No ____

Are you looking for full-time ____ part-time ____ employment?

Shift you are willing to work: Daytime ____ Evening ____ Weekends ____

Are you fluent in language(s) other than English? Yes ____ No ____

Which one(s)? _____

Have you ever served in the U.S. military? Yes ____ No ____

If Yes, Branch _____

Date entered the military ____/____/____

Discharge Date ____/____/____

Are you a military spouse? Yes ____ No ____

Have you ever been convicted for any violation of law? Yes ____ No ____

Occupation(s) desired _____

Desired work location(s) _____

How did you hear about the One Stop/SkillSource Center? _____

What services or information can the One Stop/SkillSource Center provide you to help you in your job search or career needs? **Please include communication preferences, if applicable.**

NAME OF APPLICANT: _____

FOR ONE STOP/SKILLSOURCE CENTER STAFF USE ONLY

REFERRED TO PARTNERS (Check Applicable Agencies):

- ☐ WIA Title I Adult ☐ WIA Title I DW ☐ WIA Title I Youth ☐ Job Corps ☐ Native American
- ☐ Migrant & Seasonal Farm Workers ☐ Veterans Services ☐ Virginia Employment Commission
- ☐ FCPS (Adult Education and Literacy Activities) ☐ Department of Rehabilitative Services
- ☐ Area Agency for Aging (AAA) or other Senior Community Services
- ☐ Northern Virginia Community College (Post Secondary Vocational Education/Carl Perkins Act)
- ☐ Trade/NAFTA Transitional Assistance ☐ Disabled Veterans Outreach ☐ Housing
- ☐ Community Services Block Grant ☐ Alcohol and Drug Services (ADS) ☐ Diocese of Arlington
- ☐ Fairfax County Department of Family Services (TANF, FS, CPS, etc)
- ☐ ServiceSource (Employment Specialist) ☐ ServiceSource (Disability Program Navigator)
- ☐ Opportunities Alternatives and Resources (OAR)/VASAVOR (Offender Programs)
- ☐ Reston Interface
- ☐ Other _____

ADDITIONAL COMMENTS:

STAFF SIGNATURE: _____ DATE: _____

THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I APPROVE THE RELEASE OF INFORMATION TO THE ONE STOP/SKILLSOURCE CENTER AND PARTICIPATING AGENCIES OF RECORDS AND INFORMATION RELEVANT TO MY JOB SEARCH AND CAREER NEEDS.

APPLICANT SIGNATURE: _____ DATE: _____

STATUS OF REFERRAL: (TO BE COMPLETED BY PARTNER AGENCY AND COPY RETURNED TO CENTER OPS STAFF)

- ☐ Enrolled in program – please specify: _____ (e.g. WIA, DRS, FCPS, etc).
- ☐ Not enrolled ☐ Other – please specify: _____